

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO 10/049470		FILING DATE	
APPLICANT(S)									
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
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TOTAL IND.	4								
TOTAL DEP.	24								
TOTAL CLAIMS	28								

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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